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Bib Data Sheet

CONFIRMATION NO. 5052

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 09/920,310 | FILING DATE 08/01/2001 RULE | CLASS 514 | GROUP ART UNIT 1614 | ATTORNEY DOCKET NO. GMV-005.01 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Yves Claude Nicolau, Newton, MA;
Jaime E. Lazarte, Needham, MA;
Dennis R. Alford, Lynn, MA;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/222,066 08/01/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **

** 09/14/2001

| | | | | |
|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MA | SHEETS DRAWING 14 | TOTAL CLAIMS 33 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature: <i>Rebecca Ford</i> Initials: <i>RA</i> | | | | |

ADDRESS

25181

TITLE

Ammonium salts of hemoglobin allosteric effectors, and uses thereof

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|-----------------------------------|--|---|
| FILING FEE RECEIVED 719 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|--|---|